

General

Experimenters

Abstract

Beamtime Request

Questions

Review Panel

Review

Proposal : GUP-21919

*Proposal Title:

Shifts Recommended by PRP:

not available

Shifts Allocated by BAC
or Scheduled by Beamline
in current cycle

(0)

Shifts Used
to date:

(0)

Shifts Remaining: not available

Do you want this proposal to be considered for project status? [description](#)

Yes ☐ No ☒

Does this proposal require [mail-in service](#)?

Yes ☐ No ☒

*Does this research involve macromolecular crystallography (single crystals) ?

Yes ☐ No ☒

*Will the data collected be considered proprietary ?

Yes ☐ No ☒

*Will the data collected be considered classified ?

Yes ☐ No ☒

Does this research involve human subjects or materials ?

Yes ☐ No ☒

Does this research involve live animals ?

Yes ☐ No ☒

*Are there known safety hazards associated with the
proposed experimental procedures or your samples ?

Yes ☐ No ☒

Is this research required for a student's thesis ?

Yes ☐ No ☒

*Is this proposal related to another general user proposal ?
If so, which one(s) and how ?

Yes ☐ No ☒

(500 characters or less)

*Subject of
Research:

☐ Materials science

☐ Physics

☐ Chemistry

☐ Polymers

☐ Medical applications

☐ Biological and life sciences

☐ Earth sciences

☐ Environmental sciences

☐ Optics (excluding x-ray optics)

☐ Engineering

☐ Instrumentation related to user facilities

☐ Purchase of specialty service or materials

☐ Other (specify)

Specify Other :

Generate Report

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Next

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Save

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Submit

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Proposal : GUP-21919

Spokesperson:

[Find](#)

First Name :

Last Name

*Phone:

*Email

*Badge

Institution:

Mailing Address:

Experimenters
Coming to APS:

	Badge	First Name	Last Name	Affiliation	Phone	Email	Delete
Find	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Find	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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Find	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Experimenters
Not Coming to APS:

	Badge	First Name	Last Name	Affiliation	Phone	Email	Delete
Find	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Find	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Find	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Find	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

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Proposal : GUP-21919

You may attach supporting PDF documents to this proposal. [Click here to attach/detach files](#)

List of Attachments Abstract of Proposed Research

NOTES :

- You **MUST** have an abstract below. Attaching only a PDF is not enough.
- Abstract **MUST** be less than 4000 characters including spaces.
- The abstract and proposal title may become public information.
- Don't enter any carriage return.

Characters Remaining :

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GUP # :21919

[Rapid Access Description](#)

[Make New Request](#)

Total 8-hour shifts requested for the LIFE OF THE PROPOSAL	<input type="text"/>
Total 8-hour shifts recommended by the Proposal Review Panel for the LIFE OF THE PROPOSAL :	not available
Total shifts used and allocated (or scheduled)to date:	0
Number of the shifts remaining	not available
*For which scheduling period are you applying?	<div><div></div><div></div></div> Status :
Techniques Required:	<div><div></div><div></div><div></div></div>
*Choice Of Beamline:	<div><div>Beamline Selection</div>1st</div> <div><div>Beamline Selection</div>2nd</div> <div><div>Beamline Selection</div>3rd</div>
*Please select the instrument based on your beamline selection:	<div><div></div>For 1st beamline</div> <div><div></div>For 2nd beamline</div> <div><div></div>For 3rd beamline</div>
Any appropriate beamline	<input checked="" type="checkbox"/>
*Number of 8-hour shifts requested for THIS scheduling period	<input type="text"/>
Minimum number of usable shifts per visit:	<input type="text"/>
Do you have specific scheduling requirements ?	<div></div>
What equipment is required ? What equipment will you bring ?	<div></div>
Please list any new publications resulting from your work at the APS.	<div></div>
Describe the progress made during your most recent beamtime. (2000 characters including spaces)	<div></div>
Prefered Dates (MM/DD/YYYY)	<div><div>From</div><div>To</div></div> <div><div></div>to<div></div></div> <div><div></div>to<div></div></div> <div><div></div>to<div></div></div>
Unacceptable Dates (MM/DD/YYYY)	<div><div>From</div><div>To</div></div> <div><div></div>to<div></div></div> <div><div></div>to<div></div></div> <div><div></div>to<div></div></div>

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Submit

Proposal : GUP-21919

Please specify the funding source(s) for your proposed research:

- ☐ DOD (specify)
- ☐ DOE, Office of Basic Energy Sciences
- ☐ DOE, Office of Biological and Environmental Research
- ☐ DOE, Other (specify)
- ☐ Foreign (specify)
- ☐ HHHH
- ☐ Howard Hughes Medical Institute (HHMI)
- ☐ Industry
- ☐ NASA
- ☐ NIH
- ☐ NSF
- ☐ Other U.S. Government
- ☐ USDA
- ☐ Other (specify)
- Specify Other:

What is the scientific or technical purpose and importance of the proposed research? (limit : 500 words)

Why do you need the APS for this research? (limit : 100 words)

Why do you need the beamline you have chosen? (limit : 100 words)

Describe the participants' previous experience with synchrotron radiation and the experimental results obtained. (If you refer to previous publications, be sure to include complete citations.) (limit : 100 words)

Describe the proposed experiment(s), including samples and procedures, and explain the basis for your estimate of the amount of beam time needed. (limit : 500 words)

Provide an overall estimate of the amount of beam time you will need to accomplish the goals of your proposed experimental program. How many visits during the two-year proposal period do you expect to need? How many shifts will you need during each visit (approximately)? (limit : 500 words)

References (limit : 1000 characters)

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Please select the panel that you think is best suited to review your proposal.

You may click [here](#) to see panel descriptions.

- ☐ Imaging/Microbeam
- ☐ Scattering - Applied Materials
- ☐ Scattering - Condensed Matter
- ☐ Scattering - Chem/Biol/Environ
- ☐ Small Angle Scattering (SAXS)
- ☐ Spectroscopy
- ☐ Instrumentation
- ☐ TEST PANEL
- ☐ High Pressure

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GUP # :21919

Proposal # : GUP-21919

Proposal Title : screen shot

Panel :

Primary Reviewer : **Not Assigned**

Overall Rating : Required (You may use a decimal in your rating)

Adjusted Rating :

Rating Scale 1=Extraordinary, 2=Excellent, 3=Good, 4=Fair, 5=Poor

Maximum # of recommended shifts for a cycle:

Recommended total shifts for the proposal:

Total Used Beamtime Shifts: 0

Comments to spokesperson (limit : 4000 characters, including spaces etc.):

Comments to BAC (problems or special issues; not sent to spokesperson; limit : 4000 characters, including spaces etc.):

Comments to the User Office (limit : 4000 characters, including spaces etc.):

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(0)

Shifts Used
to date:

(0)

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[Samples](#)
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Proposal : GUP-21919

Spokesperson:

[Find](#)

First Name :

Last Name

*Phone:

*Email

*Badge

Institution:

Mailing Address:

Experimenters
Coming to APS:

	Badge	First Name	Last Name	Affiliation	Phone	Email	Delete
Find	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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Find	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Experimenters
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Proposal : GUP-21919

[Rapid Access Description](#)

[Make New Request](#)

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Number of the shifts remaining	N/A																
*For which scheduling period are you applying?	<input type="text"/> Status :																
Techniques Required:	<input type="text"/> <input type="text"/> <input type="text"/>																
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From		to	To														
	<input type="text"/>		<input type="text"/>														
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Which of these categories fit your proposal? Check all that apply (This information will be used for reviewer selection).

- ☐ Viruses
- ☐ Membranes
- ☐ Large Assemblies
- ☐ Complexes
- ☐ Nucleic Acids
- ☐ Structural Genomes
- ☐ High Resolution
- ☐ Time Resolved
- ☐ Education
- ☐ Instrumentation
- ☐ General

What is the scientific or technical purpose and importance of the proposed research? (limit : 500 words)

Why do you need the APS for this research? (limit : 100 words)

Why do you need the beamline you have chosen? (limit : 100 words)

Describe the participants' previous experience with synchrotron radiation and the experimental results obtained. (If you refer to previous publications, be sure to include complete citations.) (limit : 100 words)

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References (limit : 1000 characters)

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List of
Samples

Sample name and type of molecule must be entered if any other sample related data is to be saved.

Sample Name

Type of molecule: ☐ Protein ☐ DNA ☐ RNA ☐ Virus ☐ Prion ☐ Toxin ☐ Complex of type ☐ Other

Unit Cell Information

Space Group :

a :

b :

c :

A

A

A

alpha :

beta :

gamma :

Crystal Size and Quality

mm by

Resolution Limit

Mosaicity

mm by

A

Degree

mm

Safety Information

Bio Safety Level:

Known
Biohazard:

Experimental Needs

Desired Energy:

Crystal Cryo-Freezing Conditions:

Structure Solution Strategy:

☐

MIR - elements

☐

MAD - elements

☐

Molecular Replacement

☐

High Resolution - Resolution Desired

☐

Other

Crystal mounting method and type of pins

☐ Yale

☐ Hampton

☐ 1/8 inch or 3 mm pin

☐ Other

Please specify the funding source(s) for this sample:

☐ DOD (specify)

☐ DOE, Other (specify)

☐ Howard Hughes Medical Institute (HHMI)

☐ NIH

☐ USDA

☐ DOE, Office of Basic Energy Sciences

☐ Foreign (specify)

☐ Industry

☐ NSF

☐ Other (specify)

☐ DOE, Office of Biological and Environmental Research

☐ HHIH

☐ NASA

☐ Other U.S. Government

Specify Other :

[Add Another Sample](#)

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avg:

Final Score:

0.00

Comments to spokesperson

Total Used Beamtime Shifts

0

Rating Scale

Quality Of Research	Impact Of Research	Need for Third Generation Synchrotron	Potential for Publication
<ul style="list-style-type: none"> • Highly Innovative and of great scientific importance (1) • High quality and cutting edge (2) • Near cutting edge (3) • Interesting (4) • Not well-planned or not feasible (5) 	<ul style="list-style-type: none"> • Revolutionary (1) • Significant (2) • Important (3) • Minimal (4) • Insignificant (5) 	<ul style="list-style-type: none"> • Essential(1) • Highly desirable for success of experiment(2) • Beneficial (3) • Not required (4). • Need is not clear(5) 	<ul style="list-style-type: none"> • Very high in a leading scientific journal(1) • High in a leading scientific journal(2) • Strong in a non-leading scientific journal(3) • Likely(4) • Not Likely(5)

ANL